

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

10789985

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
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| | IND | DEP | IND | DEP | IND | DEP |
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| TOTAL DEP. | 21 | | | | | |
| TOTAL CLAIMS | 22 | | | | | |

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